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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 60,130-1117; 01MRA0227

First Named Inventor Lang, et al.

COMPLETE IF KNOWN

Application Number Herewith /

Filing Date Herewith

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

VEHICLE SUSPENSION WITH A DOCK HEIGHT HOLDING DEVICE

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

**Prior Foreign Application
Number(s)**

Country

**Foreign Filing Date
(MM/DD/YYYY)**

**Priority
Not Claimed**

**Certified Copy Attached?
YES NO**

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☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)

Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number or Bar Code Label OR ☒ Correspondence address below

Name David J. Gaskey

Address 400 W. Maple Road

Address Suite 350

City Birmingham

State Michigan

ZIP 48009

Country United States

Telephone (248) 988-8360

Fax (248) 988-8363

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

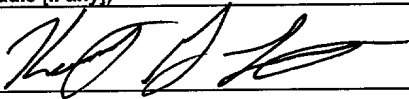
NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name Kenneth G.
(first and middle [if any])

Family Name LANG
or Surname

Inventor's
Signature



Date

9/27/01

Residence: City Davison

State MI

Country U.S.

Citizenship U.S.

Mailing Address 5444 Walker Road

Mailing Address

City Davison

State MI

ZIP 48423

Country U.S.

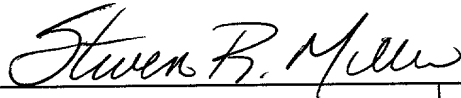
NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name Steven R.
(first and middle [if any])

Family Name MILLER
or Surname

Inventor's
Signature



Date

10/30/01

Residence: City Clarkston

State MI

Country U.S.

Citizenship U.S.

Mailing Address 5714 Berwick Court

Mailing Address

City Clarkston

State MI

ZIP 48346

Country U.S.

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → +

PTO/SB/02A (11-00)

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DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page ___ of ___

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
James		ECKELBERRY	
Inventor's Signature <i>Jim Eckelberry</i>		Date <i>10/15/01</i>	
Residence: City Canton	State OH	Country U.S.	Citizenship U.S.
Mailing Address 5569 Lindford N.E.			
Mailing Address			
City Canton	State OH	ZIP 44721	Country U.S.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Richard M.		CLISCH	
Inventor's Signature <i>Richard M. Clisch</i>		Date <i>10/12/01</i>	
Residence: City Canton	State MI	Country U.S.	Citizenship U.S.
Mailing Address 8741 Westchester			
Mailing Address			
City Canton	State MI	ZIP 48187	Country U.S.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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DECLARATION		REGISTERED PRACTITIONER INFORMATION (Supplemental Sheet)	
Name	Registration Number	Name	Registration Number
M. Lee Murrah	27,460		
Scott M. Confer	40,568		
Theodore W. Olds	33,080		
John E. Carlson	37,794		
David J. Gaskey	37,139		
Kerrie A. Laba	42,777		
William S. Gottschalk	44,130		
David L. Wisz	46,350		
Karin H. Butchko	45,864		
John M. Siragusa	46,174		
Anthony P. Cho	47,209		

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Variable	Mean	SD	Min	Max
Age	38.5	10.2	22	55
Gender	0.5	0.5	0	1
Marital Status	0.7	0.5	0	1
Education	12.5	1.5	9	16
Income	35000	15000	10000	60000
Health Status	0.8	0.4	0	1
Exercise Frequency	2.5	1.5	0	5
Stress Level	4.5	1.5	1	7
Sleep Quality	3.5	1.5	1	5
Diet Quality	4.0	1.5	1	5
Work-Life Balance	3.0	1.5	1	5
Family Support	4.5	1.5	1	7
Community Involvement	2.0	1.5	0	5
Life Satisfaction	4.0	1.5	1	5
Overall Well-being	3.5	1.5	1	5